



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: STARKE MEMORIAL HOSPITAL (IU)

City of Hospital: KNOX

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Steven Rudolph

Email Address: s.rudolph@lph.org

Medicare Provider Number: 150102

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

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|-------------------------------------|------------|
| Inpatient Patient Service Revenue | \$12208662 |
| Outpatient Patient Service Revenue | \$73345293 |
| Total Gross Patient Service Revenue | \$85553955 |

2. Deductions From Revenue

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|-----------------------|------------|
| Contractual Allowance | \$62178001 |
| Other Deductions | \$906594 |
| Total Deductions | \$63084595 |

3. Total Operating Revenue

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|-----------------------------|------------|
| Net Patient Service Revenue | \$22469360 |
| Other Operating Revenue | \$361586 |
| Total Operating Revenue | \$22830946 |

4. Operating Expenses

| | | | |
|-------------------------------|------------|-------------------|------------|
| Salaries and Wages | \$6579102 | Employee Benefits | \$1339650 |
| Depreciation and Amortization | \$1883106 | Interest Expense | \$-959001 |
| Bad Debt | \$4140044 | Other Expenses | \$10706611 |
| Total Operating Expenses | \$23689512 | | |

5. Net Revenue and Expenses

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|-----------------------------------|-----------|-------------------|-----------|
| Excess Revenue over Expenses | \$-858566 | Total Assets | \$6939108 |
| Net Non-operating Gains over Loss | \$-66887 | Total Liabilities | \$3798422 |

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| Total Net Gains | \$-925453 |
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| Statement Two: Contractual Allowance |
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| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$30517921 | \$26156644 | \$4361277 |
| Medicaid | \$23583776 | \$20451977 | \$3131799 |
| Other Government | \$0 | \$0 | \$0 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$31452257 | \$16475975 | \$14976282 |
| Total | \$85553954 | \$63084596 | \$22469358 |

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| Statement Three: Donations Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0 | \$10110 | \$-10110 |

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| Statement Four: Research Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$0 | \$0 | \$0 |

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| Statement Five: Education Statement |
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| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0 | \$22029 | \$-22029 |
| Hospital Patients | \$0 | \$1071 | \$-1071 |
| Community Education | \$0 | \$0 | \$0 |

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| Number of Medical Professionals Trained | 143 |
| Number of Hospital Patients Educated | 6729 |
| Number of Citizens Exposed to Health Education Messages | 27522 |

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| Statement Six: Charity Statement |
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| Hospital Charity Charges | \$510437 |
|--------------------------|----------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$507158 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$507158 | \$-507158 |
| Medicaid Shortfalls | \$3131799 | \$5107182 | |
| Subtotal | \$3131799 | \$5614340 | \$-2482541 |
| DSH Payments | \$0 | | |
| Subtotal | \$3131799 | \$5614340 | \$-2482541 |
| Medicare Shortfalls | \$4361279 | \$6608806 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$7493078 | \$12223146 | \$-4730068 |

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| Statement Seven: Subsidized Health Services for the Community |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | \$0 | \$8393 | \$-8393 |
| Community Assessment | \$0 | \$0 | \$0 |
| Provision of Taxes | \$0 | \$316000 | \$-316000 |
| Other Allocations | \$0 | \$0 | \$0 |

Comments

no longer a not-for-profit organization, so no longer file form 990 and related schedule H.

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